DO/EO BIBLIOGRAPHIC DATA ENTRY

RECEIPT DATE: 08 / 18 / SERIAL NUMBER: 09 / 622523 02 / 217 / IA NUMBER: PCT/ SE99 / 00210 IA FILING DATE: 99 ISAKSS*O*N DELAY WAIVED (Y/N): FAMILY NAME: DEMAND RECEIVED (Y/N): GIVEN NAME: MIKAEL PRIORITY DATE: 02 / PRIORITY CLAIMED (Y/N): US DESIGNATED ONLY (Y/N): NO BASIC FEE (Y/N): N COUNTRY: ATTORNEY DOCKET NUMBER: S1022 8518 CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000

FAX

NAME: WOLF GREENFIELD SACKS

STREET: 600 ATLANTIC AVENUE

CITY: BOSTON

STATE/COUNTRY: MA ZIF: 02210

EMAIL:

APPLICATION TITLES: RELATING TO VDSL

TAB TO LAST POSITION, PUSH SEND